

ARIZONA DEPARTMENT OF HEALTH SERVICES

Office for Children with Special health Care Needs
TBI/SCI/CYSHCN Family Resource Coordination Program Manager: Linda Ellen Holmes
To Register for an ADHS/OCSHN TBI/SCI/CYSHCN Training Class...

Use this form. First save it to Word:

- Then complete the form on-line, attach it to E-mail and return to the Program Manager **or**
- Print a hard copy, complete the form, fax to **(602) 542-1265, or**
- send by mail to:
150 N. 18th Ave. Suite 330
Phoenix, AZ 85007

Registration Notes

- ☐ Upon your submission of a registration form (one form per person/per training) consider yourself enrolled in the training unless notified otherwise.
- ☐ You will be contacted only if the training is cancelled. If this occurs, you will be notified and an attempt to schedule for another date will be made.

PARTICIPANT

Name: _____ Phone Number: _____ Agency: _____

Are you a supervisor or manager? Yes _____ No _____ Who is your supervisor? _____

TRAINING

Title of Training for which you are registering: _____

Date: _____ Time (from to): _____

Americans with Disabilities Act (ADA)

Do you need ADA accommodations? Yes: _____ No: _____ If yes, specify on a separate sheet